

EXHIBIT 28

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maritza Rivera Perez

Participant's Address:

P.O. Box 1875 Juana Diaz PR 00795

Participant's Email Address:

mariperz@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Maritza Rivera Perez

Signature

Maritza Rivera Perez

Print Name

RECEIVED

AUG 19 2021

PRIME CLERK LLC

Title (if Participant is not an individual)

7- agosto-2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Montza Rivera Pérez
Participant's Address: P.O. Box 1875 Juana Díaz PR 00795
Participant's Email Address: mariperz@yahoo.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Jointly Administered
By: Montza Rivera Pérez
Signature
Montza Rivera Pérez
Print Name

Title (if Participant is not an individual)

7- agosto-2021
Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maritza Rivera Pérez

Participant's Address:

P.O. Box 1875 Juana Diaz PR 00745

Participant's Email Address:

mariperz@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Maritza Rivera Pérez

Signature

Maritza Rivera Pérez

Print Name

Title (if Participant is not an individual)

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Maritza Rivera Perez
PO Box 1875
Juana Diaz PR 00795

SAN JUAN PR 009

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AUG 19 2021

PRIME CLERK

Prime Clerk LLC
Grand Central Station
PO Box 4708
New York, NY 10163-4708

10163-470808

